



POSTER PRESENTATION

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HIV infection and the immigration in Italy. Consequences on inpatient hospitalizations and Day-Hospital admissions at a metropolitan hospital, during the last nine years

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Background

Immigration is a recent phenomenon in Italy, mainly caused by the sudden and unexpected arrival of waves of foreign citizens, refugees, and individuals escaping from war. This phenomenon is of great concern, due to its serious social-economic and health care impact.

Methods

A prospective survey of all charts of patients (p) hospitalized or followed on day-hospital (DH) basis at our Infectious Disease ward until end-2008, allowed us to assess the frequency of admission of immigrants from extra-Western Europe (eWE), and to analyze multiple variables related to multiple epidemiological and clinical features.

Results

The rate of p immigrated from eWE showed a significant increase among our inpatients, and at a lesser extent and later for DH admissions: 7.7% and 3.1% during the year 2000, 10.1% and 4.6% in 2001, 13.2% and 6.2% in 2002, 17.9% and 7.9% in 2003, 21.3% and 8.9% in 2004, 17.7% and 10.8% in 2005, 17.9% and 11.3% in the year 2006, 17.3% and 10.9% in the year 2007, up to 17.7% and 11.4% in the year 2008 ($p < .0001$ for inpatients; $p < .001$ for DH p). Over 60% of p came from Africa, followed by Eastern Europe, Asia, and Central-Southern America. When comparing the admission features of WE citizens with those of p coming from abroad, no differences were found as to duration and

intensity of assistance, with HIV disease prevailing among regular admissions (33.6%), and DH access (30.2%), followed by acute-chronic hepatitis, pulmonary or other-site tuberculosis, central nervous system and respiratory tract infection, and sexually-transmitted diseases. HIV-infected immigrants were frequently (>60% of cases) "AIDS presenters", and less than 5% of them were already on an antiretroviral therapy upon admission. While the frequency of HIV-associated admissions did not show differences in the considered 9-year period, p from eWE had an increasing frequency of tuberculosis, skin-soft tissue infection, infectious exanthems, gastroenteric-parasitic diseases, and malaria ($p < .05$ to $< .0001$).

Discussion

A continued monitoring of this phenomenon is strongly warranted, in order to improve a sustainable social-cultural network, to plan health resource allocation for the next future, and to define adequate and well-targeted prevention and public health measures.

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